AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: //IXC [] CLEC [] ILEC [] Wireless 2965

CERTIFICATED COMPANY INFORMATION						
PAET	TEC Communica hors Inc					
Compan		rein/SSN				
		<u> 585-341</u>	2600			
Dba/fka		Telephone #				
600 l	Willowwook Office Ponk					
Mailing Address						
Tarroct NV 14450 City, State, Zip Code						
City, State, Zip Code						
SAME						
Business Location						
City, Sta	ate, Zip Code	County	RECEIVED			
REGISTERED AGENT INFORMATION						
Dogistor	red Agent: CT Corparation System					
Register	ed Agent. C) (C) (MCM) = 1518111		PSC SC			
Mailing Address: 2 Office Park Court, Suite 103 MAIL/DIVIS						
City, State, Zip Code: Columba SC 29223						
Du	report to the Commission's rules and regulations, print or tyr	ne company conf	act for the following areas:			
<u>ru</u>	Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:					
Α.	General Manager (Include address if different than above.)					
i	585 340-2822 1585-72-2498 1 Jud	i Messenge	@ Partec com			
	Tolephone Number , assimile Names	D-Mail Address				
В.	Laura Silvestro					
	Customer Relations / Complaints Representative (Include address if different than above.)					
:	<u>585-346-3694</u>	で <u>いらいでらいか」</u> E-mail Address	@ melecion			
	Tolophone Humber	E mail / loar coo				
C1.	inc Nelt	Mainta (Indudo s	addrace if different than above)			
	Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.) 319-790-6762 1585-776-2498 1 Customer Complaints (Ormplaints)					
	Telephone Number Facsimile Number	<u>Σίνοι - Cυνκρνα</u> E-mail Address	ruts Contraction			
	877-472-3832					
C2.	Customer Contact (Toll Free Number)					
D.	John Honsen					
U.	Engineering Operations (Include address if different than above.)					
	585-340-2778	n.honsen@s	moleción			
	Telephone Number Facsimile Number	E-mail Address	1			
E.	Sin Manue Ha					
	Test and Repair (Include address if different than above.)					
	\$\$5-340-3632 / 585-340-8432 / Jim	. Monettac	o paetecian			
	Tolophone Number Facsimile Number	F-mail Address				

Γ.					
	Emergencies (During non-of	Emergencies (During non-office hours)			
	877-340 2555	1	1 no outage a preverción		
	Telephone Number	Facsimile Number	E-mail Address		
In add	ition, please provide the follow	ing company contact informa	tion to assist in proper routing of correspond	dence and invoices:	
G.	1.11 Horas O	ne Morthas War	1. Higuatha IA 52233		
G.	Regulatory Officer (Include	de address if different than above	e.)		
	319-79N-7295	1585-770-2498	1 pilla huasa purkerion		
	Telephone Number	Facsimile Number	E-mail Address		
H.	•				
•	Dual Party Mailings (Name)				
	Mailing Address		1		
	Telephone Number	Facsimile Number	E-mail Address		
l.	Magare Haye				
1.	Interim LEC Fund Mailings	(Name)			
	low Willow brook				
	Mailing Address				
	585-340-8259	1585-770-2498	1 magie haves @ pacter con	n	
	Telephone Number	Facsimile Number	GE-mail Address		
J.	<u>same</u>	Γ (λ)\			
	Universal Service Fund Mai	iings (Name)			
	Mailing Address		,		
	Telephone Number	Facsimile Number	E-mail Address		
1/	•				
K.		Gross Receipts Mailings (Name)			
	Mailing Address	1	1		
	Telephone Number	Facsimile Number	E-mail Address		
L.	•	me	_		
	Lifeline Mailings (Name)	1, 0			
	Mailing Address		1		
	Telephone Number	Facsimile Number	E-mail Address		
	Manage Hou	PC	Hararet Harres		
	This form was completed by	(print name)	Signature		
	Manager of Rec Title	julatany Affairs	4/25/2611 Date		
	RETURN COMPLETED FOR	M TO:			
	Public Service C	ommission of SC	Office of Regulatory Staff		
	Clerk's Office		Attn: Jeanne Gordon		
	Post Office Draw	ver 11649	1401 Main Street, Suite 900		

Columbia, South Carolina 29211

(Rev. PSC 11/2010)

Columbia, South Carolina 29201